

NOV 27 2007

PTO/SB/97 (04-07)

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10/719973

FL0214USNA

Amendment (9 pp)

Petition for Extension of Time (1 p)

Fee Transmittal (1 p)

JP 2904593 Translation (11 pp)

Literature Reference (5 pp)

US6624269B2 (13 pp)

Certificate of Transmission (1 p)

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PTO/SB/17 (10-07)

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2008☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 50.00

Complete if Known

Application Number	10/719973
Filing Date	November 21, 2003
First Named Inventor	JACOB LAHIJANI
Examiner Name	R. A. Vetere
Art Unit	1709
Attorney Docket No.	FL0214USNA

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 04-1928 Deposit Account Name: E. I. du Pont de Nemours and Company

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☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	<input type="checkbox"/> 310	155	<input type="checkbox"/> 510	255	<input type="checkbox"/> 210	105	0.00
Design	<input type="checkbox"/> 210	105	<input type="checkbox"/> 100	50	<input type="checkbox"/> 130	65	0.00
Plant	<input type="checkbox"/> 210	105	<input type="checkbox"/> 310	155	<input type="checkbox"/> 160	80	0.00
Reissue	<input type="checkbox"/> 310	155	<input type="checkbox"/> 510	255	<input type="checkbox"/> 620	310	0.00
Provisional	<input type="checkbox"/> 210	105	<input type="checkbox"/> 0	0	<input type="checkbox"/> 0	0	0.00

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
50	25

Each independent claim over 3 (including Reissues)

210 105

Multiple dependent claims

370 185

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	50.00	=

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	210.00	=

HP = highest number of independent claims paid for, if greater than 3.

YES ☐ 370.00
11/28/2007 VBU111 00000043 041928 10719973
02 FC:1202 50.00 DA

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	260.00	= 0.00

4. OTHER FEE(S)☐ Non-English Specification, \$130 fee (no small entity discount)☒ Other (e.g., late filing surcharge): Extra Claim Fee

Fees Paid (\$)

50.00

SUBMITTED BY

Signature	<i>Edwin Tocker</i>	Registration No. (Attorney/Agent)	20,341	Telephone	(302) 999-3076
Name (Print/Type)	EDWIN TOCKER	Date	11-27-07		

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